

K101712

**510(k) Summary**  
**Endo Laser Vein System Kit with Radial Fiber**

**Submitter's Name, Address, Telephone Number, Contact Person  
and Date Prepared**

OCT 27 2010

Biolitec, Inc.  
515 Shaker Road  
East Longmeadow, Massachusetts 01028  
Phone: (413) 525-0600  
Facsimile: (413) 525-0611

Contact Person: Harry Hayes, Ph.D. – Regulatory Consultant  
Date prepared: June 7, 2010

**Name of Device and Name/Address of Sponsor**

Endo Laser Vein System Kit (ELVeS®) with Radial Fiber  
Biolitec, Inc.  
515 Shaker Road  
East Longmeadow, Massachusetts 01028

**Classification Name**

Surgical laser accessories

**Predicate Devices**

Ceralas D Diode Laser System (1470nm, 980 nm and 810 nm) with ELVeS Kit

**Intended Use/Indication for Use**

The device is intended for endovascular coagulation of blood vessels. The device is indicated for the endovascular coagulation of the greater saphenous vein in the thigh in patients with superficial vein reflux.

**Technological Characteristics**

The ELVeS kit with Radial Fibers contain the following components: (1) radial fiber; (2) access needle; (3) introducer sheath/ dilator; and (4) a guidewire.

**Performance Data**

The device complies with the following voluntary consensus standards: 21 C.F.R. §§ 1040.10 & 1040.11; ANSI/AAMI ES1; IEC 601-1; IEC 601-2-22; EN 60825-1, and ANSI/AAMI/ISO 10993-7.

**Substantial Equivalence**

The ELVes with Radial Fiber uses previously cleared radial fiber technology (K924258) and has the same intended use and indications for use as the cleared Ceralas D 1470, 980 and 810nm ELVeS kits. The ELVeS kit is not a new technological characteristic for diode lasers for endovascular coagulation of the greater saphenous vein in the thigh in patients with superficial vein reflux. Thus, the ELVeS is substantially equivalent to its predicate devices.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

Biolitec, Inc.  
% Genmarhay BDA  
Mr. Harry Hayes  
1349 Main Road  
Granville, Massachusetts 01034

OCT 27 2010

Re: K101712

Trade/Device Name: Endo Laser Vein System Kit with Radial Fiber  
Regulation Number: 21 CFR 878.4810  
Regulation Name: Laser surgical instrument for use in general and  
plastic surgery and in dermatology  
Regulatory Class: Class II  
Product Code: GEX  
Dated: October 12, 2010  
Received: October 13, 2010

Dear Mr. Hayes:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

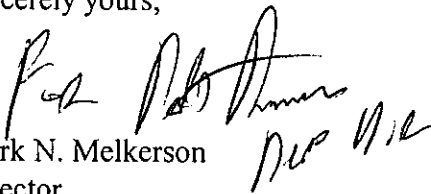
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

  
Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic  
And Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

Indications for Use Statement

510(k) Number (if known): K101712

OCT 27 2010

Device Name: **Endo Laser Vein System Kit with Radial Fiber**

For endovascular coagulation of the greater saphenous vein of the thigh in patients with superficial vein reflux.

(PLEASE DO NOT WRITE BELOW THIS LINE -- CONTINUE ON ANOTHER  
PAGE IF NEEDED)

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓  
(Per 21 C.F.R. 801.109)

OR

Over-The-Counter Use \_\_\_\_\_  
(Optional Format 1-2-96)

Neil R. Ozlem for max  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K101712